MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

12394

1. PLACE OF DEATH
County Mississippi Registration District No. 576
Township Long Prairie Primary Registration District No. 5762
City ..... (No. ..... St. ..... Ward)
File No. .....
Registered No. 25

2. FULL NAME Nancy Jane Pool

(a) Residence. No. ..... St., ... Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. AGE should be stated EXACTLY. PHYSICIANS should state ... should be carefully supplied.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF H. C. Vanpool

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 27-1849

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
77	8	9	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At home
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) Clinton
(STATE OR COUNTRY) Ky

PARENTS

10. NAME OF FATHER Sam Davis
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) unknown
12. MAIDEN NAME OF MOTHER Rachel Bowe
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Clinton
(STATE OR COUNTRY) Ky

14. INFORMANT Otha Vanpool
(Address) Bertrand, Mo.

15. Filed June 5th 1927 J. S. Vernon
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 5th 1927

17. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at 9:15 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Broncho Pneumonia
10 DR
(duration) ..... yrs. ..... mos. 12 ds.
CONTRIBUTORY (SECONDARY) 1000
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? no
DID AN OPERATION PRECEDE DEATH? no DATE OF .....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) A. Brandstad, M. D
Issued June 5, 1927 (Address) Charleston Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Armer
DATE OF BURIAL 4/6 1927
20. UNDERTAKER The Lair Salmon Co
ADDRESS Charleston Mo